	_		Return of Organization Exempt From	mInc	come Ta	ах	OMB No. 154	45-0047			
Forn	" 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	V 202)7						
		00	Do not enter social security numbers on this form as it ma	luations							
Depar Intern	rtment o al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late	-	•		Open to F Inspect				
			ar year, or tax year beginning JAN 1, 2022 and ending			022					
	heck if		f organization	-		-	ation number				
a	pplicabl	e:		-							
	Addre chang		H Global Foundation								
	Name chang		Doing business as 46-53690								
	Initial return		and street (or P.O. box if mail is not delivered to street address)	number							
	Final return	DO B	ox 28282		855-5		050				
	termin		own, state or province, country, and ZIP or foreign postal code	G	Gross receipts			053.			
	Amen return		in, TX 78755	н	l(a) Is this a g	roup retu	um				
	Applic tion	^{a-} F Name ar	nd address of principal officer: Duncan Van Dusen		for subord		,	XNo			
	pendii	same	as C above	н	(b) Are all subord			No			
ΙТ	ax-ex	empt status: 🗌	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," at	tach a lis	st. See instructio	ons			
J۷	Vebsi [.]	te: WWW.	catch.org	н	l(c) Group exe	emption	number				
ΚF	orm of	organization: 🗌	X Corporation Trust Association Other L	_ Year of f	ormation: 20	14 м	State of legal dom	nicile: TX			
Pa	rt I	Summary									
	1	Briefly describ	e the organization's mission or most significant activities: CATCH G1	lobal	l Found	atior	n is a				
Š		501(c)3	public charity founded in 2014 to inc	ncrea	se the	<u>avai</u>	<u>lability</u>	<i>r</i>			
rna	2	Check this box	x if the organization discontinued its operations or disposed of r	more that	an 25% of its i	net asset	ts.				
o ve	3	Number of vot	3		11						
Ğ	4	Number of ind			10						
Activities & Governance	5	Total number of	of individuals employed in calendar year 2022 (Part V, line 2a)			5		25			
<u>viti</u>			of volunteers (estimate if necessary)					10			
¶cti			d business revenue from Part VIII, column (C), line 12					0.			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		7b		0.			
					Prior Year		Current Ye				
e			and grants (Part VIII, line 1h)		$\frac{2,229,4}{602,1}$			544.			
Revenue		•	ce revenue (Part VIII, line 2g)		693,1			993.			
Pec 8			come (Part VIII, column (A), lines 3, 4, and 7d)		21,6		-260,				
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		$\frac{2,0}{2,0}$			370.			
_			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,946,2			053.			
			nilar amounts paid (Part IX, column (A), lines 1-3)		64,8	0.	<u>∠</u> ⊥,	586.			
			to or for members (Part IX, column (A), line 4)	·	1,201,3		730	0.			
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,201,3	0.	750,	0.			
Expense	168		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 116,791.			0.		0.			
Ä	47		ing expenses (Part IX, column (D), line 25) <u>116, 791.</u> es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,439,2	96	370	168.			
	•••		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,705,4	60	1,122,				
			expenses. Subtract line 18 from line 12		240,7	90.	-624,				
<u>– %</u>		Nevenue less (ning of Current		End of Ye				
ance	20	Total assets (F	Part X, line 16)		2,340,9		2,523,				
Asse Bal	21	•			246,5	08.	1,061,				
Beginning of20Total assets (Part X, line 16)21Total liabilities (Part X, line 26)22Net assets or fund balances. Subtract line 21 from line 20							1,461,				
	rt II	Signature			_, •, -, -	551					
		Ţ	I declare that I have examined this return, including accompanying schedules and sta	statements	, and to the bes	st of mv k	nowledge and bel	ief, it is			
			. Declaration of preparer (other than officer) is based on all information of which pre			-	J	, -			
,		Doron	P.Van Dujen,			5/14/	2023				
Sigr	า	Signature of of			Date						
Here		Duncan '	Van Dusen, Founder & CEO								

			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,229,429.	311,544
nue	9	Program service revenue (Part VIII, line 2g)	693,104.	430,993
Reve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,691.	-260,854
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,026.	16,370
	40		2 046 250	100 053

	When I-Van I lusen,	5/14/2023								
Sign	Signature of officer			Date						
Here	Duncan Van Dusen, Founder	& CEO								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date		Check	PTIN				
Paid	Grant M. Alkire, CPA	GA AC	5/14/2023 ^{if} self-emplo			P0169792	27			
Preparer	Firm's name Jay M. Johnson, L	LC		Firm's l	EIN 46-	4570451				
Use Only	Firm's address 25 Jefferson Way,	Suite 202								
	Ketchikan, AK 999		Phone	no. (907) 220-99	970				
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No			
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

See Schedule O for Organization Mission Statement Continuation

CHANGE OF ACCOUNTING PERIOD

		46-53690	24	Page
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u></u>	X
1	Briefly describe the organization's mission:			
			14 1	to
	increase the availability and adoption of evidence-based	l health		
	programs. We empower school communities to cultivate Who	ole Child		
2		-		
Part III Statement of Program Service Accomplishments CARCH Global Foundation is a 501(c)3 public charity founded in 20 increase the availability and adoption of evidence-based health programs. We empower school communities to cultivate Whole Child wellness as a lever for student success and social equity. 2 Did the organization is a solution of evidence-based health programs. We empower school communities to cultivate Whole Child wellness as a lever for student success and social equity. 2 Did the organization cultication undertake any significant program services during the year which were not listed on the proform 980 or 990527 If "Ym," describe these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services? 1 Twis.' describe these changes on Schedule 0. Describe the organizations are required to report the amount of grants and allocations to others, the total experiments of salt of its more and allocations to others, the total experiments of the organization sprogram services school communities to cultivate Child wellness as a lever for student success and social equity 1 Yws.' describe the organization services to K-12 schools across the U. Working alongside our school partners, CATCH provides myriad programs that address nutrition, physical activity, vaping prevention, social emotional learning, oral health and surs affectly physical, ment emotional health. Currently, CATCH reaches more than 3 million ye per year in schools in all 50 states across the US. For more deta to compariso the address nutrition, physical activity, vaping prevention, social emotional learning, oral health and surs aff			Yes	XN
	1			
3		,		XN
0		····· ∟		
		a maggurad by ava	00000	
4				
	·····	ers, the total expen	ses, an	a
			00	265
4a		enue \$	90,	365.
		. 1	T . T]	1 .
				Le
			<u>'Y</u>	
			<u>s.</u>	
			pus	,
	with programs that address nutrition, physical activity,	, vaping		
	prevention, social emotional learning, oral health and s	<u>sun safety</u>	', as	S
				and
	emotional health. Currently, CATCH reaches more than 3 m	<u>aillion yo</u>	uth	
		more deta	ils	on
4b	(Code:) (Expenses \$ 178 , 942 including grants of \$ 0) (Reve	enue \$	84,6	604.
	CATCH Whole Child Wellness Programs - Out-of-School Time	3		
	High-quality out-of-school time programs help to support	the posi	tive	e
	development of a child's social, emotional, and cognitiv	ve skills,	wh:	ile
	also promoting physical health and wellbeing. CATCH's ou	it-of-scho	01	
	time nutrition and physical activity programs, CATCH Kid	ls Club (C	KC)	,
			the	
4c	(Code:) (Expanses) = 101, 573, including grants of (12, 700,) (Percent)		84.	604.
10			<u> </u>	
		alth for a	500	
			<u> </u>	ugii
				-ha
			.ea i	cne
			1	
			ted	
	emotional learning concepts to our international partner	<u>schools.</u>		
4d	Other program services (Describe on Schedule O.)			
)		
4e	Total program service expenses 911, 575.			
			Form 9	90 (202
32002	See Schedule O for Continuation(s)		
	2			
05	15 147611 1490-0001 2022.03040 CATCH GLOBAL	FOUNDATION	1	1490

 Form 990 (2022)
 CATCH
 Global
 Foundation

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
h	Part VI	<u>11a</u>	<u></u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	12-13-22	⊦orm	330 ((2022)

3

232003 12-13-22

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		200		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		v
00	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a14			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
	Λ			-

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Form	990 (2022) CATCH Global Foundation tV Statements Regarding Other IRS Filings and Tax Compliance (continued)		46-5369	024	P	age 5			
Fai	Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			103				
	filed for the calendar year ending with or within the year covered by this return	2a	25						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х				
3a				3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u> </u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		_X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		_X_			
D	If "Yes," did the organization include with every solicitation an express statement that such contributi		-	Ch					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b					
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices n	rovided to the navor?	7a		х			
				7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1.2					
-	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the)						
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b				9b					
10	Section 501(c)(7) organizations. Enter:	1							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-					
11	Section 501(c)(12) organizations. Enter:								
a h	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	<u>11a</u>		•					
b	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
с	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		x			
	excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.		0			v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incon	ie?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			4-					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
232004	12-13-22			Form	9 90	(2022)			
232005				1011		(2022)			

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Form 99	0 (2022)
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CATCH Global Foundation

46-5369024 Page 6

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI
 X

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap										
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st										
	persons other than the governing body?			7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
a	The governing body?	-	-	8a	х						
b	Each committee with authority to act on behalf of the governing body?			8b	x						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real										
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Cada)	<u> </u>							
	The management of the section of requests information about policies not required by the internal Re	venue	Code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100							
b				10b							
110	· · · · · · · · · · · · · · · · · · ·										
	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interact policy? (CINC III or CINC III) 											
12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "}	,			v						
	on Schedule O how this was done			12c	X X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	~						
15	Did the process for determining compensation of the following persons include a review and approva		dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v						
	The organization's CEO, Executive Director, or top management official			15a	Х	v					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			v					
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed $_TX$										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website Upon request Other (explain	n on Sc	hedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, and	l financ	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records								
	CATCH Global Foundation - 855-500-0050										
	PO Box 28282, Austin, TX 78755										
232006	5 12-13-22			Form	990	(2022)					
	6										

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and title (1) Duncan Van Dusen, MPH Founder & CEO (2) Steven Kelder, PhD MPH	Average hours per week (list any hours for related organizations below line) 40.00	stee or director ligit of	not c , unles	ss per d a di	more rson i irecto	than c s both r/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
Founder & CEO (2) Steven Kelder, PhD MPH	(list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee			p			organizations	
Founder & CEO (2) Steven Kelder, PhD MPH	40.00		-	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(2) Steven Kelder, PhD MPH		x		х				77,300.	0.	0.
	2.00	~		Δ				11,500.	0.	0.
Director	2.00	x						0.	0.	0.
(3) Ernest Hawk, MD, MPH	2.00									
Director		х						0.	0.	0.
(4) Stefani Dawkins	2.00									
Director		х						Ο.	Ο.	0.
(5) Madeline Negron, PhD	2.00									
Director		Х						0.	0.	0.
(6) Shweta Patira, MS	2.00									
Director		Х						0.	0.	0.
(7) Bill Datema	2.00									
Director		Х						0.	0.	0.
(8) Kevin Ryan	2.00									
Director		Х						0.	0.	0.
(9) Nicholas Saccaro	2.00							•	•	•
Director	0.00	Х						0.	0.	0.
(10) Allison Schnieders, Esq.	2.00	37						0	0	•
Director	2 00	Х						0.	0.	0.
(11) Margo Wootan, DSc Director	2.00	x						0.	0.	0.
		<u> </u>								
		1								

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Form 990 (2022)

	ATCH Global 1							46-53	6902	4 г	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										(=)	
(A) Name and title	(B) Averag hours p week	Der box	o not c x, unles	ss pers	tion nore th son is	han one both ar /trustee	compensation from	(E) Reportable compensatior from related	ו ו	(F) Estimat amount other	of
(list any logical hours for related organizations below line) Utility (line) Util					Key employee	Highest compensated employee	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	C/ c	mpens from th rganiza and rela ganizat	ne tion ted
					<u>×</u> -		~				
					_						
					_						
							77 200		0.		0
1b Subtotal c Total from continuation she <u>d Total (add lines 1b and 1c)</u>		Α					77,300.		0.		0. 0. 0.
2 Total number of individuals (i compensation from the organ	ncluding but not limited										0
3 Did the organization list any				•	-		•			Yes	No X
 line 1a? <i>If "Yes," complete S</i> For any individual listed on line and related organizations greated 	ne 1a, is the sum of repo	ortable co	ompe	ensat	ion a	and o	ther compensation from	the organization			X
5 Did any person listed on line rendered to the organization	1a receive or accrue cor ? If "Yes," complete Sch	npensat	ion fr	om a	any L	unrela	ted organization or indiv	idual for services			x
Section B. Independent Contract Complete this table for your 1		d indepe	ender	nt co	ntrad	ctors	that received more than	\$100.000 of comp	ensation	from	
the organization. Report com	pensation for the calence						n the organization's tax	•			
Name	(A) and business address	N	ONE	2			(B) Description of	services	Com	(C) pensatio	on
2 Total number of independent \$100,000 of compensation fr		out not lii	miteo	d to t	hose 0	e liste	d above) who received n	nore than		000	

The formation of the second state of the se	Pa	rt V	<u> III</u>	Statement of Revenue						
Total revenue Pleated or exempt function revenue Dimension provide the second provide second provid				Check if Schedule O contains a res	ponse	or note to any line		(D)	(0)	
Bot Membership data Ib c F-indianing events Id d Id Id Id d Id Id Id d Id Id Id d Id Id Id Id d Id Id Id Id Id d Id Id Id Id Id Id d Id							• • •	Related or exempt	Unrelated	Revenue excluded
Bot Membership data Ib c F-indianing events Id d Id Id Id d Id Id Id d Id Id Id d Id Id Id Id d Id Id Id Id Id d Id Id Id Id Id Id d Id	ts t	1	а	Federated campaigns 1a	1					
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gas 2 a Training Services Buttines Code and 90009 430,993. 430,993. 430,993. and c	ar /				1					
gas 2 a Training Services Buttines Code and 90009 430,993. 430,993. 430,993. and c	s, C		е	Government grants (contributions)	,					
gas 2 a Training Services Buttines Code and 90009 430,993. 430,993. 430,993. and c	tion S	1	f	All other contributions, gifts, grants, and						
gas 2 a Training Services Buttines Code and 90009 430,993. 430,993. 430,993. and c	ibu					311,544.				
gas 2 a Training Services Buttines Code and 90009 430,993. 430,993. 430,993. and c	ontr od O		g							
generation 2 a Training Services 900009 430,993. 430,993. b	<u>a õ</u>		h	Total. Add lines 1a-1f			311,544.			
90 90<				Musining Country			420 002	420.002		
g Total. Add lines 2a:21 430,933. 3 Investment income (including dividends, interest, and other similar amounts) -260,854. 4 income from investment of tax exempt bond proceeds -260,854. 5 Royaties -260,854. 6 a Gross rents 6a 6 a Gross rents 6a 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory - 6 a Gross amount from sals of assets other than inventory - 7 a Gross income from fundraising events (not including \$	ice	2				900009	430,993.	430,993.		
g Total. Add lines 2a:21 430,933. 3 Investment income (including dividends, interest, and other similar amounts) -260,854. 4 income from investment of tax exempt bond proceeds -260,854. 5 Royaties -260,854. 6 a Gross rents 6a 6 a Gross rents 6a 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory - 6 a Gross amount from sals of assets other than inventory - 7 a Gross income from fundraising events (not including \$	erv ue	I								
g Total. Add lines 2a:21 430,933. 3 Investment income (including dividends, interest, and other similar amounts) -260,854. 4 income from investment of tax exempt bond proceeds -260,854. 5 Royaties -260,854. 6 a Gross rents 6a 6 a Gross rents 6a 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory - 6 a Gross amount from sals of assets other than inventory - 7 a Gross income from fundraising events (not including \$	ven S									
g Total. Add lines 2a:21 430,933. 3 Investment income (including dividends, interest, and other similar amounts) -260,854. 4 income from investment of tax exempt bond proceeds -260,854. 5 Royaties -260,854. 6 a Gross rents 6a 6 a Gross rents 6a 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory - 6 a Gross amount from sals of assets other than inventory - 7 a Gross income from fundraising events (not including \$	gra Re									
g Total. Add lines 2a:21 430,933. 3 Investment income (including dividends, interest, and other similar amounts) -260,854. 4 income from investment of tax exempt bond proceeds -260,854. 5 Royaties -260,854. 6 a Gross rents 6a 6 a Gross rents 6a 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory -260,854. 7 a Gross amount from sals of assets other than inventory - 6 a Gross amount from sals of assets other than inventory - 7 a Gross income from fundraising events (not including \$	Pro			All other program service revenue						
3 Investment income (including dividends, interest, and other similar amounts) -260,854. -260,854. 4 Income from investment of tax exempt bond proceeds 6 -260,854. -260,854. 5 Royaties (i) Real (ii) Personal -260,854. -260,854. 6 a Gross rents 6a 6b - - - 6 a Gross rents 6a -							430,993.			
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4 Income from investment of tax-exempt bond proceeds				other similar amounts)			-260,854.			-260,854
Ga Gross rents Ga (i) Real (ii) Personal b Less: rental expenses Go		4								
6 a Gross rents 6a 6b b Less: rental expenses 6b 6c c Rental income or (loss) 6c 6c d Net rental income or (loss) 6c 6c 7 a Gross amount from sales of assets other than inventory 6c 6c 7 a Gross income from thatasis and sales expenses 7b 7c 7c 8 a Gross income from form fundraising events (not including \$\sum_{\colson} - \colson or (loss)) 6c 6c 6c 9 Gross income from fundraising events (not including \$\sum_{\colson} - \colson or (loss)) 6c 6c 6c 9 A Gross income from fundraising events 6c 6c 6c 9 A Cross income from gaming activities. See 9a 9a 9a 9a 9 Gross income from gaming activities. See 9a 9a 6c 6c 9 Gross income from gaming activities. See 9a 6c 6c 6c 6c 10 Gross income fro		5		Royalties						
b Less: rental expenses 6b				(i) Re	eal	(ii) Personal				
c Rental income or (loss) 6c		6	а							
d Net rental income or (loss) Image: state of the state of assets of the state of assets of the state of assets of the state o										
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7a										
assets other than inventory b Ta Ta b Less: cost or other basis and sales expenses and sales expenses Ta Ta c Gain or (loss) Tc Tc d Net gain or (loss) or or ortnibutions reported on line 1c). See Ba Ba Saa Part IV, line 18 Ba Ba Saa b Less: direct expenses Bb Saa c Net income or (loss) from fundraising events 9a 9a gaa 9a 9a 9a 9a b Less: direct expenses 9b 9a 9a c Net income or (loss) from gaming activities or or or 10 a Gross sales of inventory, less returns and allowances 10a or or or b Less: cost of goods sold 10b or or or or c Net income<						(ii) Othor				
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CATCH Global Foundation

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CATCH Global Foundation Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(-)		(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	21,586.	21,586.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				4 - 4 - 6
	trustees, and key employees	77,300.	53,337.	8,503.	15,460
5	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages	571,285.	484,988.	17,441.	68,856
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	25,866.	21,469.	1,034.	<u>3,363</u> 7,296
)	Payroll taxes	56,124.	46,583.	2,245.	7,296
I	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	12,000.		12,000.	
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	123,507.	114,303.	448.	8,756
2	Advertising and promotion	7,667.	6,900.		<u> </u>
3	Office expenses	38,144.	35,118.	472.	2,554
4	Information technology				
5	Royalties				
3	Occupancy	24,564.		24,564.	
7	Travel	34,120.	32,940.	1,180.	
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings				
)	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	9,913.	8,731.	1,182.	
3	Insurance	2,050.	-	-	2,050
4	Other expenses. Itemize expenses not covered	·			
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Curriculum and Training	81,266.	81,266.		
b	Training	22,502.	, , , , , , , , , , , , , , , , , , , ,	22,502.	
č	Dues and Subscriptions	8,184.		495.	7,689
d	Business Fees & License	4,354.	4,354.		.,
	All other expenses	1,897.	_,	1,897.	
5	Total functional expenses. Add lines 1 through 24e	1,122,329.	911,575.	93,963.	116,791
	Joint costs. Complete this line only if the organization	_,,52,.			
5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

08480515 147611 1490-0001

33

Total liabilities and net assets/fund balances

2,340,967.

33

2,523,726.

Form 990 (2022)

CH Global Foundation

Check if Schedule O contains a response or note to any line in this Part X

(A) Beginning of year (B) End of year 658,466. 110,625. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 254,925. 254,925. 3 3 Pledges and grants receivable, net 132,623. 209,850. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 25,372. 24,803. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 26,837. basis. Complete Part VI of Schedule D _____ 10a 18,709. 5,214. 8,128. b Less: accumulated depreciation 10b 10c 1,557,508. 1,123,085. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 253,200. 244,469. 14 14 Intangible assets 1,500. 0. 15 15 Other assets. See Part IV, line 11 2,340,967. 2,523,726. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 54,219. 120,707. Accounts payable and accrued expenses 17 17 18 18 Grants payable 92,289. 891,086. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 100,000. 50,000. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 246,508. 1,061,793. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,342,149. 27 732,555. 27 Net assets without donor restrictions 752,310. 729,378. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,094,459. 1,461,933. Total net assets or fund balances 32 32

Form 990 (2

Form 990 (2022)		CA.
Part X	Balan	ce Sheet	t

Form	990 (2022) CATCH Global Foundation	46-53	69024	Pad	_{ae} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	498	3,0	53.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,122	2,32	29.
3	Revenue less expenses. Subtract line 2 from line 1	3	-624	.,2'	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,094	.,4!	59.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	- 8	3,2	50.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,461	.,9:	33.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

	2022
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the organization

. tan		CATC	H Global Fo	oundation				2p.o.yei 4	6-5369024
Pa	nrt I	Reason for Public (omplete th	nis part.) S	ee instructions		0 0000011
The	organ	ization is not a private found							
1	Ŭ	A church, convention of ch					I)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4		A medical research organization						(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of t	the college	or
		university:							
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that o						-	
а		Type I. A supporting orga		-	•	-			
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ns that col	ntrol or manag	le the supp	orted
		organization(s). You mus	-						ما د
С		J Type III functionally inte						y integrate	a with,
d		its supported organization Type III non-functionally		-				od organiz	vation(c)
u		that is not functionally int						-	
		requirement (see instructi	•	e ,			•	anallenin	61633
е		Check this box if the orga		-				I Type III	
Ŭ	·	functionally integrated, or					Type I, Type I	i, iype iii	
f	Ente	er the number of supported of			.g o.gu				
g		vide the following information	•	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	al								

Part II

CATCH Global Foundation

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	973,585.	1548199.	1526737.	2934514.	742,537.	7725572.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	973,585.	1548199.	1526737.	2934514.	742,537.	7725572.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						7725572.
		•					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		973,585.	1548199.	1526737.	2934514.	742,537.	7725572.
8	Gross income from interest,						
	dividends, payments received on						
		-16,866.	223,769.	149,125.	62,841.	-244,484.	174,385.
9			-	-	-	-	
	activities, whether or not the						
10	• • •						
	•						
11							7899957.
		etc. (see instructio	ons)			12	
	-	-		fourth. or fifth tax v	vear as a section 5	01(c)(3)	
Sec							
			-	column (f))		14	97.79 %
						15	94.38 %
						ore, check this bo	
b	· · · · ·		-				
17a			• •				
	-			-	-	-	
b		-	-				
		0					
3 The value of services or facilities furnished by a governmental unit to the organization without charge 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 973,585. 1548199. 1526737. 2934514. 742,537. 7725572. 6 Public support. Schematime 5 emiler 4 7725572. 7 Anounts from line 1 th column (f) 973,585. 1548199. 1526737. 2934514. 742,537. 7725572. CaleAdar year (or fiscal year beginning in) amount shown on line 11, column (f) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total amount shown on line 11, column (f) CaleAdar year (or fiscal year beginning in) ascurites loss, rents, renythine, and income from similar sources attivities, whether or not the business is regularly carried on to or loss from the sale of capital assets (Explain in Part VI) -16, 866. 223, 769. 149, 125. 62, 841244, 484. 174, 385. 9 Net income from inelated business attivities, whether or not the business is regularly carried on to rots from the sale of capital assets (Explain in Part VI) 7899957. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 12 13 First 5 years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and dop here. 14 97.7.9 % 15 16 3 1/3% support test - 2022. If the organization dinot check the box on line 13, and line 14 is 31 1/3% o							
<u>1</u> 8	Private foundation. If the organization		-				
							(Form 990) 2022

232022 12-09-22

Schedule A					Foundation	
Part III	Support	Schedule f	or Organiza	ations Des	cribed in Section	509(a)(2)

CATCH Global Foundation

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
	. Our out Do					
Section C. Computation of Publ		-				
15 Public support percentage for 2022 (column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inves						
17 Investment income percentage for 218 Investment income percentage from		B	line 13, column (f))		17 18	<u>%</u>
19a 33 1/3% support tests - 2022. If the					33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the	-	-	· ·			'3%, and
line 18 is not more than 33 1/3%, che	eck this box and st	top here. The org	anization qualifies	as a publicly supp	orted organiza	ation
20 Private foundation. If the organization						
232023 12-09-22					Schee	dule A (Form 990) 2022
		15	5			

CATCH Global Foundation

1

2

3a

3b

Yes No

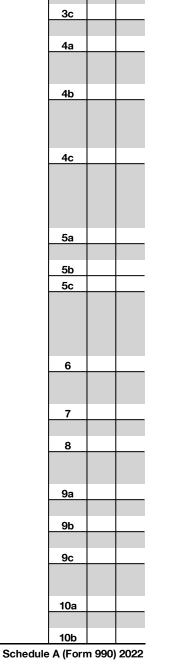
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



Sche	edule A	(Form 990) 2022 CATCH GLODAL Foundation	46-53	6902	4 Pa	age 5	
Ра	art IV Supporting Organizations (continued)						
					Yes	No	
11	Has t	the organization accepted a gift or contribution from any of the following persons?					
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c b	pelow, the governing body of a supported organization?		11a			
b	A fam	nily member of a person described on line 11a above?		11b			
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide					
	detail	Lin Part VI.		11c			

<u>detail in Part VI</u>. Section B. Type I Supporting Organizations

the supported organization(s)

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization during the support of the organization of the organization of the organization of the organization had more than one supported organization during the support of the organization of the organizatic of the organization of the o</i>			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
jec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		· ·	1	1

Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test du	ring the year (see instructions).
--	---------------------------------	----

] The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization is the	parent of each of its supported	organizations. Complete line 3 below.
---	--	-------------------------	---------------------------------	---------------------------------------

С		The organization	supported	a governmental e	entity.	Describe in Part	VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	------------------	-----------	------------------	---------	------------------	--------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

08480515 147611 1490-0001

		0 0		
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j

CATCH Global Foundation

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	3	3		
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - DI	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which t				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				

Schedule A (Form 990) 2022

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A	(Form 990) 2022	САТСН	Global	Foundati	on		46-5369024	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4b ines 2 and 3;	, 4c, 5a, 6, 9a Part IV, Sect	a, 9b, 9c, 11a, 11i ion E, lines 1c, 2a	o, and 11c; Part IV, S , 2b, 3a, and 3b; Parl	ection B, lines 1 a t V, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Pai	C, t V,
232028 12-09-2	2			2.0			Schedule A (Form 9	90) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

46-5369024

Organization type (cheo	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	on is covered by the General Rule or a Special Rule . 1(a)(7) (9) or (10) exception can check have for both the Concret Rule and a Special Rule. See instructions						
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						

CATCH Global Foundation

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

46-5369024

CATCH Global Foundation

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Delta Dental 560 Mission Street Suite 1300 San Francisco, CA 94105	\$233,334.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HEB LP PO Box 839944 San Antonio, TX 78283	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Scattergood Foundation 4641 Roosevelt Blvd Philadelphia, PA 19124	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

08480515 147611 1490-0001

Name of organization

Page 3

Employer identification number

46-5369024

CATCH Global Foundation

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ 		 	

23

08480515 147611 1490-0001

lame of or	rganization		Employer identification number
атсн	Global Foundation		46-5369024
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from			(d) Description of how gift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(c) Use of gift	
-		(e) Transfer of gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
223454 11-15	-22		Schedule B (Form 990) (202

	1	Cumplement	l Financial Otatomonto	I	OMB No. 15	545-0047	
SC	HEDULE D		al Financial Statements				
(Forn	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZZ Open to Public		
	ment of the Treasury	A	ttach to Form 990.				
_	Revenue Service		0 for instructions and the latest information.	Ennelauren	Inspect		
Nam	e of the organization	on CATCH Global Found	ation		identification 6 – 5 3 6 9 0		
Par	t I Organiza		d Funds or Other Similar Funds or Ac				
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds (b) Funds and	l other accou	nts	
1	Total number at en	nd of year					
2		f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4		t end of year					
5	-		writing that the assets held in donor advised fund				
			exclusive legal control?		Yes	No	
6	•	u	dvisors in writing that grant funds can be used or				
			r donor advisor, or for any other purpose conferri	•		<u> </u>	
Par	impermissible priva				Yes	No No	
			ganization answered "Yes" on Form 990, Part IV,	line 7.			
1		servation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	rically import	ant land area		
		n of land for public use (for example, recrea of natural habitat	Preservation of a certif	, ,		L	
		n of open space		ieu nistorie s	liuciuie		
2		• •	fied conservation contribution in the form of a cor	servation ea	sement on th	e last	
~	day of the tax year				t the End of th		
а				2a			
b				2b			
с	•		ucture included in (a)	2c			
d	d Number of conservation easements included in (c) acquired after July 25,2006, and not on a						
	historic structure li	isted in the National Register		2d			
3			eased, extinguished, or terminated by the organiz	zation during	the tax		
	year						
4	Number of states v	where property subject to conservation eas	sement is located				
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
		orcement of the conservation easements it			Yes	No No	
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements	during the ye	ear	
_							
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	ements duri	ng the year		
8			e satisfy the requirements of section 170(h)(4)(B)(.)			
0					Yes		
9			on easements in its revenue and expense statem				
•	,	6	note to the organization's financial statements that		he		
	organization's acco	ounting for conservation easements.	-				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other Si	imilar Ass	ets.		
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	nce sheet we	orks		
	of art, historical tre	easures, or other similar assets held for put	olic exhibition, education, or research in furtheran	ce of public			
	service, provide in	Part XIII the text of the footnote to its finan	ncial statements that describes these items.				
b	-		8, to report in its revenue statement and balance				
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	of public ser	vice,		
	-	ing amounts relating to these items:					
				•			
-	.,						
2	-		asures, or other similar assets for financial gain, p	provide			
-	-	unts required to be reported under FASB A	-	۴			
a h							
u	Assers Incinated IN	110111330, Fail A		Ф			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

25 2022.03040 CATCH GLOBAL FOUNDATION 1490-001

Schedule D (Form 990) 2022

Sche		lobal Found						46-53			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, or	^r Othe	r Similar	^r Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the f	following that	make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	_oan or exc	hange progra	m					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how the	ey further th	ne organizatio	n's exer	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for c	ontribution	s or other ass	ets not i	included		_		_
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1 f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial accou	unt liabil	ity?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete							<u> </u>	6.55		
		(a) Current year	(b) P	rior year	(c) Two year	's back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur			, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
-	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for th	e		ſ	Yes	No
	organization by:									res	No
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations	ationa liatad as requir							3a(ii)		
U A	If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the								3b		L
Par	t VI Land, Buildings, and Equipm	<u>u</u>		inus.							
	Complete if the organization answere). Part IV	line 11a. S	ee Form 990	Part X	line 10.				
	Description of property	(a) Cost or c			or other		ccumulate	bd	(d) Boo	k valu	
	Description of property	basis (investr		.,	(other)	• • •	preciation	iu	(u) 600	n valu	5
19	Land			240.0	() /	40					
b	LandBuildings										
	Leasehold improvements										
	Equipment			2	6,837.		18,70)9.		8.1	28.
	Other				.,		//			. ,	
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (B) line 1						3,1	28.
		<u>iquari unii 330, Pall</u>		ו שווו גען וווע				<u></u> Sahadula		-	

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Einen eint stadt stillen	(-) 2001 10100	
Closely held equity interests		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" completered to the organization answered to the organization answered "Yes" completered to the organization and the organization	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c		
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c (a) D	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" complete if the organization answered "Yes" complete (a) [(1)		
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" control (a) [(1) (2)		
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3)		
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4)		
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c (a) [(1) (2) (3) (4) (5)		
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(9) ptal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8)		
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of	Description	(b) Book value
 (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" concernent (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (6) (7) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (6) (7) (8) (9) (9) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (Description	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" c	Description	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" complete if the organization answered "Yes" complete (1) (a) [1] (2) (a) [1] (3) (b) [1] (4) (c) [1] (5) (c) [1] (6) (c) [2] (7) (a) [2] (8) (c) [2] (9) [2] Other Liabilities. [3] Complete if the organization answered "Yes" complete if the organization answered "Yes" complete if the organization of liability	Description	(b) Book value
 (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [2] (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes 	Description	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description	(b) Book value
 (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) 	Description	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" c (a) C (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" c (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

in Part XIII ... X

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 CATCH Global Foundation		46-	5369024 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	its With Revenue per I		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		. 1	498,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	498,053.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	498,053.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses pe	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		. 1	1,122,329.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,122,329.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5	1,122,329.
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Foundation has been granted exemption from Federal income taxes by the
United States Treasury Department under section 501(c)(3) of the Internal
Revenue Code. The Foundation qualifies for the charitable contribution
deduction under Section 170 and has also been classified as an entity that
is not a private foundation within the meaning of Section 509(a).

Management has evaluated the Foundation's tax positions and concluded the

Foundation had taken no uncertain tax positions.

(continued)	
	0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	Schedule D (Form 990) 2022

(Form 990)		Complete if the	e organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, or 16	2	2022	
	tment of the Treasury al Revenue Service	Go to w	www.ire.gov/Form	Attach to Form 990. 1990 for instructions and the latest i	nformation	Open to Public Inspection		
	e of the organization		ww.iis.gov/rom				cation number	
CA	TCH Global	Foundation			46	5-536902	4	
Pa	rt I General I	nformation on A	ctivities Out	side the United States. Comple	ete if the organizatio	on answered "Y	es" on	
		art IV, line 14b.						
1	•	0		ds to substantiate the amount of its gra the selection criteria used to award the		,	Yes 🗌 No	
2	For grantmakers.	Describe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other a	ssistance outsi	de the	
3		n. (The following Par	t I, line 3 table ca	an be duplicated if additional space is n	eeded.)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity li is a program describe spe of service(s) in	service, cific type	(f) Total expenditures for and investments in the region	
Gent				Durante danni ara	Dissemination o	of CATCH	10 456	
Sout	th America	0	0	Program Services	PE		18,456.	
3 -	Subtotal	0	0				18,456.	
	Total from continuation sheets to Part I	tion					0.	
с	Totals (add lines 3a and 3b)		0				18,456.	

Statement of Activities Outside the United States

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

SCHEDULE F (Form 990)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the					
			or counsel has provided a sect		uivalency letter	📐		
3 Enter total number of	other organizations of	or entities				🕨		

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

CATCH Global Foundation

46-5369024

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

	(Form 990) 2022		Global	Foundation
Part IV	Foreign Forr	ns		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

232075 10-17-22	Schedule F (Form 990) 2022

SCHED	DULE J	Compensation Information	1	OMB No. 1	1545-004	47
(Form §	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
	-	Compensated Employees		20	22	-
Doportmont	of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
Internal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Name of	the organizatior		Employer id			mber
	-	CATCH Global Foundation	46-5	36902	4	
Part I	Questions	s Regarding Compensation				
					Yes	No
1a Che	ck the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
Part		ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)			
L 17						
	-	on line 1a are checked, did the organization follow a written policy regarding payment or		41		
		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
trus	tees, and onicer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		🔼		
3 India	cate which if an	y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explain in Part III.	511 10			
	Compensation					
		ompensation consultant Compensation survey or study				
		her organizations Approval by the board or compensation of	ommittee			
			ommittee			
4 Duri	ing the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
orga	anization or a rel	ated organization:				
a Rec	eive a severance	e payment or change-of-control payment?		4a		X
b Part	ticipate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
c Part	ticipate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
lf "Y	′es" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	•)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	tingent on the re					37
						X
		ation?		<u>5</u> b		X
		r 5b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section of	'n			
	tingent on the n			0.		v
						X X
		ation?		<u>6b</u>		
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
		es 5 and 6? If "Yes," describe in Part III eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		/		
				8		x
		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		
		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990	022
			Scheu		. 550	

232111 10-18-22

46-5369024

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Duncan Van Dusen, MPH	(i)	77,300.	0.	0.	0.	0.	77,300.	0.
Founder & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	EZ OMB No. 1545-0047 OMB No. 1545-0047 Open to Public Inspection
Name of the organization	CATCH Global Foundation	Employer identification number 46-5369024
	t I, Line 1, Description of Organization Miss	ion:
and adoption	of evidence-based health programs. We empower	school
<u>communities</u> t	o cultivate Whole Child wellness as a lever fo	or student
success and s	social equity.	
Form 990, Pai	t III, Line 4a, Program Service Accomplishment	ts:
our work in s	schools, see our annual report at catch.org/ann	nual-report
Form 990, Pai	rt VI, Section B, line 11b:	
	is provided to all Board Members before filing	for comments or
	ib provided to dir board memberb berore riring	
questions.		
Form 990, Par	t VI, Section B, Line 12c:	
The Organizat	ion monitors the conflict of interest policy t	through a regular
	rd members and officers.	
survey or boo	ind members and officers.	
Form 990, Pai	rt VI, Section B, Line 15a:	
The CEO's tot	al compensation is informed by market research	n by the
Governance Co	mmittee of the board of directors, examining (CEO salaries for
similar sized	l nonprofits in the public health sector, revie	ewing CEO
performance a	gainst board-approved goals, and is approved b	by a majority
	Governance Committee.	
Form 990, Par	t VI, Section C, Line 19:	
The Organizat	ion makes its governing documents available to	o the public upon
request.		
	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

08480515 147611 1490-0001

Schedule O (Form 990) 2022 Name of the organization	Employer identification numbe
CATCH Global Foundation	46-5369024
Form 990, Part IX, Line 11g, Other Fees:	
Payroll service fees:	
Program service expenses	9,296.
Management and general expenses	448.
Fundraising expenses	1,456.
Total expenses	11,200.
Contractors:	
Program service expenses	4,384.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	4,384.
Marketing professional fees:	
Program service expenses	23,025.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	23,025.
Training professional fees:	
Program service expenses	21,937.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	21,937.
IT fees:	
Program service expenses	9 , 458 . Schedule O (Form 990) 202

08480515 147611 1490-0001

Schedule O (Form 990) 2022 Name of the organization CATCH Global Foundation	Page Employer identification number 46-5369024
Management and general expenses	
Fundraising expenses	0.
	9,458.
Total expenses	5,430.
Curriculum development:	
Program service expenses	15,803.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	15,803.
Other professional fees:	
Program service expenses	30,400.
Management and general expenses	0.
Fundraising expenses	7,300.
Total expenses	37,700.
Total Other Fees on Form 990, Part IX, line 11g, Col A	123,507.
232212 10-28-22 4 0	Schedule O (Form 990) 202

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 99	90 Page 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Machinery & Equipment					_									
1	Laptop	08/01/14	SL	3.00		16	920.				920.	920.		0.	920.
2	Laptop	08/31/14	SL	3.00		16	350.				350.	350.		0.	350.
3	Laptop	01/28/15	SL	3.00		16	780.				780.	780.		0.	780.
4	Office Furniture	02/01/15	SL	5.00		16	5,247.				5,247.	5,245.		0.	5,245.
5	Laptop & MS Office	10/16/15	SL	3.00	:	16	660.				660.	660.		0.	660.
6	Stata/IC perpetual license	03/13/16	SL	5.00		16	1,195.				1,195.	1,195.		0.	1,195.
8	Furniture	07/09/16	SL	5.00	:	16	1,528.				1,528.	1,528.		0.	1,528.
9	Laptop & MS Office	01/01/17	SL	1.42		16	308.				308.	308.		٥.	308.
10	Apple Computer (Brooks)	03/01/17	SL	3.00		16	2,048.				2,048.	2,049.		0.	2,049.
11	Laptop	02/11/18	SL	3.00		16	1,300.				1,300.	1,300.		0.	1,300.
12	Apple MacBook	03/08/18	SL	3.00	:	16	2,067.				2,067.	2,067.		0.	2,067.
13	Laptop	08/20/18	SL	3.00		16	750.				750.	750.		٥.	750.
14	(D)Laptop	07/15/19	SL	3.00		16	680.				680.	567.		113.	680.
15	MacBook Pro (Laura)	06/13/21	SL	3.00		16	1,976.				1,976.	330.		329.	659.
16	Apple	11/02/21	SL	3.00	:	16	2,171.				2,171.	121.		362.	483.
17	Microsoft Surface Pro 7 Laptop	11/26/21	SL	3.00		16	1,308.				1,308.	37.		218.	255.
18	Cyberpower Gaming PC	04/28/22	SL	3.00		16	1,527.				1,527.			85.	85.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

Form 99	90 Page 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	Eileen Kitrick Computer	05/29/22	SL	3.00		16	1,620.				1,620.			45.	45.
20	Ileana Ramirez laptop	06/04/22	SL	3.00		16	1,082.				1,082.			30.	30.
	* 990 Page 10 Total Machinery & Equipment						27,517.				27,517.	18,207.		1,182.	19,389.
	Other														
21	EduMotion Acquisition	07/01/21		180M	ну	43	261,931.				261,931.	8,731.		8,731.	17,462.
	* 990 Page 10 Total Other						261,931.				261,931.	8,731.		8,731.	17,462.
	* Grand Total 990 Page 10 Depr & Amort						289,448.				289,448.	26,938.		9,913.	36,851.
	Current Year Activity														
	Beginning balance						285,219.			0.	285,219.	26,938.			36,691.
	Acquisitions						4,229.			0.	4,229.	0.			160.
	Dispositions/Retired						680.			0.	680.	567.			680.
	Ending balance Ending accum depr less						288,768.			٥.	288,768.	26,371.			36,171.
	dispositions											36,171.			
	Ending book value											252,597.			

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562							
Department of the Treasury Internal Revenue Service							
Name(s) shown on return							

Depreciation and Amortization

(Including Information on Listed Property) 990 OMB No. 1545-0172 2022

Attachment Sequence No. 179

Identifying number

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

	TCH Global Foundatio						age 10		46-5369024
Pa	rt I Election To Expense Certain Proper	ty Under Section 17	79 Note: If you ha	ave any list	ted pro	operty, o	complete Part	V before y	·
									1,080,000.
	otal cost of section 179 property place								
	hreshold cost of section 179 property								2,700,000.
	Reduction in limitation. Subtract line 3 f		-						
	ollar limitation for tax year. Subtract line 4 from line							5	
6	(a) Description of pro	perty	(b	o) Cost (busine	ss use c	only)	(c) Elected of	cost	
7	isted property. Enter the amount from	line 20				7			
	otal elected cost of section 179 proper		in column (c) lin		-			8	
	entative deduction. Enter the smaller								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the sr					-			
	Section 179 expense deduction. Add lir		``		,				
	Carryover of disallowed deduction to 20				1	13			
Note	: Don't use Part II or Part III below for I	isted property. In	stead, use Part V	/.					
Pa	rt II Special Depreciation Allowar	nce and Other D	epreciation (Dor	n't include	e listec	l proper	ty.)	_	
1 4 S	Special depreciation allowance for quali	fied property (oth	er than listed pro	operty) plac	ced in	service	during		
t	he tax year							14	
15 F	Property subject to section 168(f)(1) elec	ction						15	
	Other depreciation (including ACRS)							16	1,182.
Pal	rt III MACRS Depreciation (Don't	include listed pro							
			Sectio						
	ACRS deductions for assets placed in		0 0					17	
18 If	you are electing to group any assets placed in service							Lion Cuata	
	Section B - Assets	(b) Month and	(c) Basis for dep						
	(a) Classification of property	year placed in service	(business/investr only - see instru	ment use	(d) 	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
C	7-year property								
d	10-year property								
	15-year property								
f	20-year property					E 1/10	-	<u> </u>	
g	25-year property	1				5 yrs.	N4N4	S/L S/L	
h	Residential rental property					.5 yrs. .5 yrs.	MM MM	S/L	
		/					MM	S/L	
i	Nonresidential real property				3	9 yrs.	MM	S/L S/L	
	Section C - Assets P	laced in Service	During 2022 Ta	x Year Usi	ina th	e Altern			tem
20a	Class life							S/L	
b	12-year				1:	2 yrs.		S/L	
С	30-year	/			3	0 yrs.	ММ	S/L	
d	40-year	/				0 yrs.	MM	S/L	
	Summary (See instructions.)	•	·				•	-	
21 L	isted property. Enter amount from line	28						. 21	
	otal. Add amounts from line 12, lines 1		es 19 and 20 in (column (g),	and li	ine 21.			
	Enter here and on the appropriate lines	-						22	1,182.
23 F	or assets shown above and placed in s	service during the	e current year, en	iter the	[
	portion of the basis attributable to section					23			
21625	1 12-08-22 LHA For Paperwork Reduc	ction Act Notice	, see separate4r	struction	s.				Form 4562 (2022)

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Forr	m 4562 (2022)	CAT	CH Glob	al F	ounda	atio	n					46-	5369	024	Page 2
Pa	Art V Listed Proper				ner vehic	les, cer	tain aircr	aft, an	d property	used fo	r				
	entertainment, Note: For any	,		,	standar	d milea	ne rate o	r dedu	cting lease	e expens	e com	olete or	lv 24a		
	24b, columns										, oom	0	ily 2 10,		
	Section A	Depreciation	on and Other	Information	tion (Ca	ution:	See the i	nstruc	tions for li	mits for p	basseng	ger autor	nobiles.)		
<u>24a</u>	Do you have evidence to a	support the bu	siness/investme	nt use cla	limed?	<u> </u>	/es	No	24b If "Y	es," is th	ne evide	nce writ	ten?	Yes [No
	(a)	(b)	(c)		(d)		(e)		(f)	(g)		(h)		(i)
	Type of property	Date placed in	Business/ investment		Cost or	l (bi	sis for depre usiness/inve		Recovery		thod/		eciation		ected on 179
	(list vehicles first)	service	use percenta		her basis	,	use only		period	Conv	ention	ded	uction		ost
25	Special depreciation all	owance for q	ualified listed	property	placed i	n servio	ce during	the ta	x year and	ł					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more tha	n 50% in a q	ualified busine	ss use:											
		: :	ç	%											
		: :	, c	%											
		: :	, c	%											
27	Property used 50% or le	ess in a quali	fied business ι	use:						•					
				%						S/L -					
				%						S/L -				1	
		: :		%						S/L -				1	
28	Add amounts in column	(h) lines 25			and on	line 21	page 1				28			1	
	Add amounts in column												29		
25		r (i), iirio 20. E					on Use					<u></u>	20	1	
Con	nplete this section for ve	hicles used								related	nerson	lf you p	rovided v	ohicles	
	our employees, first ans														
10 y					ice il you	meere	пслоср		compicai	ig this se			verneies.		
					a)		(b)		(c)		4)		۵)		f)
30	Total business/investment	miles driven d	uring the		nicle		hicle		(ehicle	(d) Vehicle		(e) Vehicle		(f) Vehicle	
	year (don't include commu		0	Venicie		vo		V	CITICIE	VEI		VCI		Ve	
	Total commuting miles			<u> </u>											
				<u> </u>											
	Total other personal (no		·												
				<u> </u>											
	Total miles driven during														
	Add lines 30 through 32														
	Was the vehicle availab			Yes	No	Yes	No	Yes	<u>No</u>	Yes	No	Yes	No	Yes	No
	during off-duty hours?						_		_						
	Was the vehicle used p	, ,	more												
	than 5% owner or relate	•					_		_			_			
36	Is another vehicle availa	ble for perso	onal												
	use?														
		Section C	- Questions f	or Empl	oyers W	ho Pro	vide Veh	icles f	for Use by	/ Their E	mploye	es			
	wer these questions to	-		ception	to comp	pleting \$	Section E	3 for ve	hicles use	ed by em	ployees	who a	ren't		
	e than 5% owners or rel														
	Do you maintain a writte		-		-				-	-		•		Yes	No
	employees?														_
38	Do you maintain a writte	en policy stat	tement that pr	ohibits p	ersonal ı	use of v	/ehicles,	except	commuti	ng, by yo	bur				
	employees? See the ins	structions for	vehicles used	by corp	orate off	icers, d	irectors,	or 1%	or more o	wners					
39	Do you treat all use of v	ehicles by er	nployees as p	ersonal u	use?										
40	Do you provide more th	an five vehic	les to your em	ployees,	obtain ir	nformat	tion from	your e	mployees	about					
	the use of the vehicles,	and retain th	e information	received	?										
	Do you meet the require														
	Note: If your answer to														
	art VI Amortization														
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description o	f costs	Date	amortization begins		Amortiza amour	ıble nt		Code section		Amortiza period or pe		Ar fc	nortization or this year	
42	Amortization of costs th	at begins du	ring your 2022		Ir:					I					
				: :											
				<u></u> : :											
43	Amortization of costs th	at began be	fore your 2022	tax vea	r			-		Str	at 1	43		8.	731.
	Total. Add amounts in o											44			731.
-	52 12-08-22											1 - 1	F		2 (2022)
21020	JE 12-00-22														-(LULL)

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Form 4562	Part VI	- Amortiza	Statement 1			
(a) Description of Costs	(b) Date Began	(c) Amort. Amount	(d) Code Sect.	(e) Life/ Rate	(f) Accum. Amort.	(g) Amort. this Yr.
EduMotion Acquisition	07/01/21	261,931.		180M	8,731.	8,731.
Total to Form 4562, Line	43					8,731.